

2903

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			State Index No. 325	
County	Yuma		County Registered No.	189
District	Gail siding		Local Registrar's No.	776
Town	near Michael		ORIGINAL CERTIFICATE OF DEATH	
Or City				
No. _____ St. _____				
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>John Benkins</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX	Color or Race	SINGLE	DATE OF DEATH	
male	White Indian	MARRIED	<u>Sept 26</u> , 191 <u>9</u>	
	Black Chinese	WIDOWED	(Month) (Day) (Year)	
	Mexican	or DIVORCED		
DATE OF BIRTH			I hereby certify, that I attended deceased from <u>Sept 26</u>	
191 <u>9</u>			191 <u>9</u> to <u>1919</u> ; that I last saw h. <u>alive</u>	
(Month) (Day) (Year)			on <u>1919</u> , and that death occurred on the date	
AGE	If less than 1 day		stated above at <u>4 a.m.</u> The DISEASE or INJURY causing	
<u>18</u> yrs. <u>0</u> mos. <u>0</u> days	hrs., or min.		Death was as follows: <u>Killed by railroad</u>	
OCCUPATION			(Duration) <u>0</u> yrs. <u>0</u> mos. <u>0</u> days	
(a) Trade, profession or particular kind of work			Was disease contracted in Arizona? _____	
(b) General nature of industry, business, or establishment in which employed or (employer)			If not, where? _____	
BIRTHPLACE (State or country)			CONTRIBUTORY	
<u>32</u>			(Duration) <u>0</u> yrs. <u>0</u> mos. <u>0</u> days	
NAME OF FATHER <u>Frank Benkins</u>			(Signed) <u>J. F. Weaver coroner</u> X	
BIRTHPLACE OF FATHER (State or country)			<u>11/21</u> 191 <u>9</u> (Address) <u>Michael Ariz</u>	
MAIDEN NAME OF MOTHER			*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
BIRTHPLACE OF MOTHER (State or country)			LENGTH OF RESIDENCE	
The Above is True to the Best of my Knowledge			At place of death <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds. In Arizona <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.	
(Informant) <u>John Benkins</u>			Former or Usual Residence _____	
(Address) <u>Yuma Ariz</u>			Filed <u>10/22</u> 191 <u>9</u> <u>Harper</u>	
PLACE OF BURIAL OR REMOVAL			Local Registrar.	
<u>Tucson Ariz</u>			Filed <u>11/10</u> 191 <u>9</u> <u>O. Rooney</u>	
DATE OF BURIAL OR REMOVAL			County Registrar.	
<u>10/22</u> 191 <u>9</u>				
FUNERAL TAKER				
<u>John Benkins</u>				
ADDRESS				
<u>Yuma Ariz</u>				